Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Nationwide Care Services Ltd (Oxford)

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Date of Inspection: 11 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Nationwide Care Services Limited
Overview of the service	Nationwide Care Services Ltd (Oxford) is a social care organisation which is owned by Nationwide Care Services Limited and is registered to provide personal care. The location is based in the Cowley area of Oxford.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with nine people who used the service and two people's relatives. We also reviewed seven peoples care files. We spoke with eight care staff and reviewed nine staff files. We also reviewed documents made available to us by the manager. There were 29 people supported by the service at the time of our inspection. The Registered manager named on this report was no longer in position at the time of our inspection but was still the individual registered as the manager with CQC. The incoming manager was finalising their registration process.

People's privacy, dignity and independence were respected. Care workers explained the importance of respecting people's privacy and dignity, one care worker told us, "respecting people's dignity is very important, it must be hard not being able to do things for themselves, I am very respectful of that".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files we reviewed contained initial assessments and care plans that were regularly reviewed and supported, where appropriate, by risk assessments.

Care staff we spoke with had a good understanding of safeguarding and how to identify abuse. We saw training records that showed care staff were regularly trained. The manager told us, "we use real life examples because that's where the best learning comes from and people then understand the importance of safeguarding".

Care staff received appropriate professional development. We reviewed care staff records that showed care staff were attending regular certified training such as Manual Handling, Parkinson, Dementia and Health and Safety. Care staff were also able, from time to time, to obtain further relevant qualifications.

The provider monitored the quality of the service. There has been a change of manager since our last inspection. This manager along with their team had identified a number of

changes and we were shown evidence that these changes were in process and ongoing. The manager told us, "when I took over there were a number of cultural and practical issues that needed improvement". We reviewed a 'strategy plan' which showed the manager had already identified a number of areas that needed improvement.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People were visited by the manager or a senior care worker who discussed their needs. We spoke with a senior care worker who was about to go and do an initial home visit. The senior said, "it is very important to understand what care and support people want. It is really important to get the initial visit right as this information will form the basis of the persons care plan". We saw completed records of initial home visits. These assessments included personal preferences such as; how people liked to be addressed, what their care needs were and how they wanted them to be met.

People we spoke with confirmed they were given appropriate information regarding their care and support. They said they knew who to speak to if they were unhappy or wanted to make a complaint. People told us they had received sufficient information about the agency prior to services starting. This meant people knew how much they could be involved and how to seek further support.

People's privacy, dignity and independence were respected. Care workers explained the importance of respecting people's privacy and dignity, one care worker told us, "respecting peoples dignity is very important, it must be hard not being able to do things for themselves, I am very respectful of that". Care workers described the actions they would take to ensure people's privacy was protected when delivering personal care. The actions included; keeping curtains drawn, closing doors and ensuring people were covered during personal care. Care workers were able to describe how they managed this in a sensitive and respectful way. People we spoke with confirmed that care workers took these actions. One person told us, "they [care staff] let me do as much as I can myself, when I need help they are very careful to cover me up".

The agency is moving towards a more person centred approach in their care planning. We saw an example of a new care plan, which contained a snap shot of the person's life history, likes and dislikes and what was important to the individual. This enabled the care workers to get to know the person an individual.

The manager who had only recently taken up the position told us they were asking the people who used the service to help them recruit new staff. They would like people who used the service to become part of the agencies recruitment and selection process. The manager also informed us they were driving the changes towards more person centred care planning and involvement opportunities for those using the service. We also saw evidence of a recruitment advert that had been put out after a involving a person and their family in the type of carer(s) they wanted.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People we spoke with were complimentary about the care they received. One person told us "they [care workers] understand me very well, they let me do what I can do for myself though, they are very good". Another person told us "I feel they understand my care needs and continue to ask if anything has changed". Another person said "they [care workers] are very caring, they take their time and are very patient with me".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files we reviewed contained initial assessments and care plans that were regularly reviewed and supported, where appropriate, by risk assessments. For example, we reviewed the file of one person who needed support with their mobility. Care plans clearly identified the required equipment to support the person with moving and handling transfers. We also saw a detailed description of which of the two slings to use for each task. The slings were described using simple pictorial shapes and by colour. The straps were marked with coloured pens to assist the care workers and reduce the risk of incorrectly selecting the wrong loops. Care staff we spoke with were able to discuss this person's needs with us and explain the procedures accurately in line with the person care plan.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. For example, we reviewed the file of one person who required support to ensure they received adequate nutrition. This person needed to be fed through a Percutaneous Endoscopic Gastronomy Tube (PEG) to ensure they received adequate nutrients. Clear guidance was in place to support care staff to manage it appropriately. One care worker told us, "they needed a PEG because they weren't eating enough due to [the person's] difficulties. The PEG gives [the person] enough nutrients. We clean the PEG site every day and have to report any redness to the nurses". This guidance was clearly documented in the person's care file. Care workers were specifically trained and monitored by District Nurses to ensure the correct level of support was provided to the person receiving care. We saw that all care staff supporting this person has been appropriately trained and assessed as competent.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We reviewed the file of one person who was at risk of

discrimination due to being unable to communicate their own needs freely. We saw that this persons care records held detailed information about their preferred way of communicating. For example, it stated, "I get frustrated when communicating, usually when I am unwell or my mood is low. Please understand it is not personal" it also said, "use my flash cards to communicate with me". Care staff we spoke with understood this person care needs and all mentioned the picture cards, meaning they were being used.

When people's care needs changed the service responded appropriately. For example, one person's relative told us, "when they [care workers] feel there is an issue, like with mobility for example, it's not long before they have got an occupational therapist to come out". We reviewed records which showed staff had raised concerns about this person's mobility and a referral was made within 24 hours of the concern being raised.

There were arrangements in place to deal with foreseeable emergencies. All files reviewed along with the services main monitoring system each had a 'crises and contingency plan' in place. This was the strategy the service would take to meet people needs in the event of a number of emergencies such as flooding, fire or a sickness pandemic which could impact on care staff numbers. There was a clear priority system in place which detailed a clear list of actions that would be taken under each eventuality, prioritising the most vulnerable.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with felt safe. One person told us, "I feel very safe, the staff are very professional", another person told us, "I feel very secure, they [care workers] are very trustworthy, if I had a worry I know I could speak to the manager". One person's relative told us, "We were worried at first, but couldn't feel any safer, they are great".

Staff we spoke with had a good understanding of safeguarding and how to identify abuse. We saw training records that showed staff were trained regularly. The manager told us, "we use real life examples because that's where the best learning comes from and people then understand the importance of safeguarding".

The service had a safeguarding policy. We saw the service user guide contained information on what to do if people using the service were subject to abuse or wanted to complain about their services.

The provider responded appropriately to any allegation of abuse. For example, we reviewed the safeguarding file and saw one incident had been raised as safeguarding due to a family member changing their relative's medication without consultation and the care worker did not challenge this. The issue was captured as a case study for the services safeguarding training to prevent this issue happening again.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Care workers we spoke with felt supported, one care worker told us, "I feel very supported, I get regular supervision and can talk to them [managers] when I need to". Another care worker told us, "we support each other and are given lots of support by our manager". Care workers also felt they were given adequate training and opportunities to develop. One care worker told us, "the training has really improved; it's excellent and always relevant to what we do". Another care worker told us, "we now have a new training room, it's excellent and I have just started my National Vocational Qualification (NVQ) level 2 which is very exciting".

People we spoke with felt they were supported by staff that were well trained. One person told us, "they are excellent, very knowledgeable; it's reassuring to know that they don't just know what they are doing, but why they are doing it". Another person told us, "the [care workers] are always talking about the training they have been on, they always seem quite excited about it".

All care staff files we reviewed showed that staff were receiving probationary reviews and regular supervision. We observed an end of probation meeting between a care worker and a senior member of staff. The care worker was reflecting on the induction training they had received during the previous 12 weeks. The senior spoke with the care worker about the types of training they had received including client specific training. The care worker said they would like to do some end of life care work. The senior person said they would note that down for future reference. The senior person asked how they were progressing with their current qualifications. The care worker stated they had not done very much but were seeing their assessor in the coming weeks. The senior person asked about the care workers goals for the coming six to twelve months. The care worker replied with some personal and professional goals. The senior member of staff then closed the end of probation session saying if the care worker was happy that they would move on to the care workers supervision.

Care staff received appropriate professional development. We reviewed care staff records that showed care staff were attending regular certified training such as Manual Handling, Parkinson, Dementia and Health and Safety. Care staff were also able, from time to time, to obtain further relevant qualifications. We saw that care staff were able to access

relevant courses, for example we saw that a member of care staff who had just taken on a more senior role had attended training entitled 'how to be a senior'. We also saw that care staff were given level 2 and level 3 Diploma in Health and Social Care opportunities. We were shown a new care staff development plan that all staff would be receiving from March 2014. This plan would identify areas of interest for staff to be supported in developing themselves and benefiting people that use the service. The service held evening training courses for care workers who may not be able to attend in the day.

The agency had a lone worker policy and was reviewing what effect the policy had on an individual's safety. The manager said they felt it needed to go out to care workers for consultation and to see if the agency could find a better way of ensuring care workers safety especially at the end of the day. In addition to this policy the agency used an electronic time monitoring system. The monitoring system recorded when a care worker arrived at a persons' home and then when they left the persons' home.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider monitored the quality of the service. There had been a change of manager since our last inspection. This manager along with their team had identified a number of changes and we were shown evidence that this in process and ongoing. The manager told us, "when I took over there were a number of cultural and practical issues that needed improvement". We reviewed a 'strategy plan' which showed the manager had already identified a number of areas that needed improvement.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw a system that enabled the manager to monitor training needs and any related concerns to ensure staff were trained to provide safe care to people. We also a system in place for people who used the service. This system ensured that people received appropriate care and that care was reviewed regularly.

People who used the service, their representatives and care staff were asked for their views about their care and treatment but did not see how the views were acted on. We saw satisfaction surveys that were distributed annually. The manager had already identified this issue and showed us a survey that the manager was sending out for this year. This survey clearly identified how the feedback would be captured and acted on. The manager told us, "I want the feedback to drive the questions we ask next time, the old surveys don't capture enough information". We also saw that the management team held a weekly open evening for people who use the service, their representatives and staff.

The provider may find it useful to note that there was not always evidence that learning from incidents / investigations took place and that appropriate changes were implemented. We reviewed the accidents and incidents file that had recorded a number of accidents and incidents, however it was not always clear on these incidents what lessons had been learnt. This was another area identified for improvement in the strategy plan we reviewed. Risks were being managed by an online recording system which care staff recorded daily events on. This record was reviewed daily by the management team. The manager told us, "the daily handover ensures we monitor everything whilst we are developing the online system identified in our strategy plan".

The provider took account of complaints and comments to improve the service. We reviewed the complaints file and saw a compliant from one relative who felt communication had been poor. We saw a thorough investigation had been conducted and action taken. These included providing clear guidelines for this individual in terms of future communication, but also had changed guidelines to care staff around email communication across the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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